

DATE: <u>5/16/02</u>	FROM: <u>P310s</u> (print name)
FORWARD TO:	REASON(S):
A. Art Unit: <u>2615</u>	A. You had Parent <input type="checkbox"/>
B. Class: <u>386</u>	B. See Title <input type="checkbox"/>
C Subclass: <u>All</u>	C. See Abstract <input type="checkbox"/>
	D. See Claim(s): <input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED: Ob dwd/audiomsg. ppe. Yours, or see cited prior art
in cl. 704 8, or cl. 386/105.

DATE: _____	FROM: _____ (print name)
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/>
B. Class: _____	B. See Title <input type="checkbox"/>
C Subclass: _____	C. See Abstract <input type="checkbox"/>
	D. See Claim(s): <input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER	REASON(S):
	A. You had Parent <input type="checkbox"/>
	B. See Title <input type="checkbox"/>
	C. See Abstract <input type="checkbox"/>
	D. See Claim(s): <input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/>
B. Class: _____	B. See Title <input type="checkbox"/>
C Subclass: _____	C. See Abstract <input type="checkbox"/>
	D. See Claim(s): <input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED: